

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G188	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/03/2023
NAME OF PROVIDER OR SUPPLIER ROLLINGWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 4206 WEST FRIENDLY AVENUE GREENSBORO, NC 27405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to assure the exterior of the facility was sanitary and orderly. The finding is:</p> <p>Observations during the 5/2/23-5/3/23 survey revealed several items to lay around the grounds of the facility. Continued observations revealed the following items to lay behind a storage shed: a broken tv, several pieces of concrete, debris and several planks of dry rotted wood. Further observations revealed the following items to lay on the grounds: a window screen, a tire rim, food canisters and 2 bed rails. Additional observations revealed two mattresses and a box spring to lay against the wall on the front porch.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/3/23 revealed she was not aware that the broken tv, concrete pieces, dry rotted wood, window screen, tire rim and other debris was laying on the grounds of the facility. Continued interview with the QIDP revealed she was aware of a mattress set and bed rail being on the grounds. Further interview with the QIDP revealed that maintenance staff had planned to discard the mattress set and bed rail. Additional interview with the QIDP revealed that maintenance should place all trash items to the street for city trash pickup.</p>	W 104			
W 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p>	W 137			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 137	<p>Continued From page 1</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients had the right to retain and use appropriate personal possessions and clothing for 1 of 3 sampled clients (#5). The finding is:</p> <p>Afternoon observations in the facility on 5/2/23 at 5:30 PM revealed client #5 to ambulate with staff assistance without shoes on his feet. Continued observations at 5:45 PM revealed staff C to assist client #5 to his room. Further observations revealed staff C to open a cabinet in the staff office to grab one of three pair of shoes from the cabinet. Additional observations revealed staff C to enter into client #5's room and place the shoes on his feet. Observations did not reveal any shoes in client #5's closet.</p> <p>Morning observations on 5/3/23 at 7:45 AM revealed two pair of shoes to remain in the staff office cabinet. Interview with staff E revealed the shoes belonged to client #5 and should not be in the staff office cabinet.</p> <p>Review of the record for client #5 on 5/3/23 revealed a person-centered plan dated 12/9/22. Continued review of the record for client #5 revealed a behavior support plan (BSP) dated 3/8/23 which indicated that the client has self-injurious behaviors (SIBs). Review of the record for client #5 did not reveal interventions or program goals relative to limiting the number of shoes in his room and keeping the shoes in the</p>	W 137			

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W 137	<p>Continued From page 2 staff cabinet.</p> <p>Interview with staff E on 5/3/23 revealed client does not have any restrictions or limitations to having his shoes in his room. Continued interview with staff E revealed client is entitled to have his shoes in his closet.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/3/23 revealed the client has no formal restrictions or interventions relative to keeping his shoes in the staff office cabinet. Interview with the QIDP also revealed client #5 does not have any behaviors relative to property destruction or damage.</p>	W 137			